Please attach here copies of receipts and/or paid invoices.							Statemer	Statement Number:		
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	oc otator	nont.								
urpose:										
Participant Information								Pay Period_		
lame			District	5080)			From		
Address City			Position Country			<u> </u>		То		
Date	Account	Description	Hotel	Transport	Mileage	Meals	Phone	Misc.	TOTAL	
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pproved		Notes						TOTAL		
1. Fr. 2. 20		Calculated in US I								
		Please pay in US								
	_	-								

For Office Use Only

District Expense Claim Form 2015.10.18